	REQUEST FOR VISIT A		DATE		
(See Privacy Act Statement below) (OMMCS Reg 604-1) TO FROM					
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	orized visitors are limited to th				
LINE	NAME OF VISITOR	DATE AND PLACE	OF BIRTH	SSN	CITIZENSHIP
	 				
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CLASSIFICATION OF INFORMATION TO BE DISCUSSED AND PURPOSE OF VISIT					
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DATE(S) AND DURATION OF VISIT					
PERSON(S) TO BE VISITED					
TYPED NAME AND TITLE OF REQUESTING OFFICIAL SIGNATURE					
TO BE COMPLETED BY SECURITY OFFICE					
LINE LEVEL OF CLEARANCE AND ISSUING AUTHORITY				DATE	
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Unless otherwise notified, the above visit will be considered approved TYPED NAME AND TITLE OF SECURITY OFFICER SIGNATURE DATE					
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Privacy Act Information: Authority for requesting information to complete OMMCS Form 748-R is Title 10					
US Co	de, Section 301. Purpose is to	provide verification of a	ecurity clea	rance(s) and access	to special
categories. Furnishing information is voluntary: Failure to do so may result in denying visit notification. OMMCS Form 748-R, 10 Mar 99					